# **Change of Address**

Part I	Complete	This Part to Chang	<u>e Your Home M</u>	ailing Address					
Complete	e this part if	the address change	affects individu	al income tax re	turns. (Form	s 540, 540A, 540 2EZ, or Lo	ong or Sh	ort Form 540NR	)
▶ If yo	ur last returi	n was a joint return	and you are no	w establishing a	residence s	eparate from the spouse wi	th whom		
-		•	-	-					▶[
	ur first name Initial Last name						1b Your social security number		
1 1	1 1 1							+	+
2a Spo	ouse's first n	ame	Initial Last nam	me			2b S	2b Spouse's social security number	
			11.					+	+
3 Pric	or name(s) S	ee instructions.							
4a Old	l address (no	street city or town	state and ZIP (	ode) If a PO hox	or foreign ad	dress, see instructions.		Apt no.	PMB no.
4a Ola	i addi coo (iio	., street, only or town,	, 31010, 0110 211	, ii a i o box	or foreign ad	urcos, see monucions.		Apt no.	T IVID 110.
41- 00		Idea a fea atract a	:h ttt-			foreign address as instruct		A-4	DMD
4b Sp	ouse's old ac	idress, (no., street, c	ity or town, state	, and ZIP Code). I	if a PO box of	foreign address, see instruct	ions.	Apt no.	PMB no.
5a Nev	w address (n	o., street, city or town	n, state, and ZIP	Code). If a PO bo	x or foreign a	ddress, see instructions.		Apt no.	PMB no.
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Part I	I Complete	This Part to Chang	e Your Busines:	s Mailing Addre	ss or Busine	ss Location Address			· ·
		is change affects:	<u> </u>				7b C	alifornia corpora	tion number
		ate, or Trust returns	e (Forme 5/11 5	65 568 100 10	1 2001 WO	00 and 100)			
		ate, or Trust location			70 VV, 1000, 1	03, and 133)	7c Se	ecretary of State	file number
7а ⊔ ц	Jusiliess, Lsi	ate, or must locatio	iii (Also comple	te iiile 11)					
8a Bus	siness. Estat	e, or Trust name					8b FE	EIN	
		,							
9 Old	l mailing add	ailing address. If a PO box or foreign address, see instructions.					I State		PMB no.
No.		Street				City or Town		ZIP Code	T WID TIO.
								1	
10 Nev No.	_	Idress. If a PO box or foreign address, see instructions.    Street   City or Town				I State	I ZIP Code	PMB no.	
140.		Sireet		Oity of Town		ı	Joiate	- 11 Oode	
11 Nev	w business lo	<u>l</u> o <b>cation address.</b> If a	PO box or foreig	n address, see in	structions.			1	
No.		Street		- 20x 01 10.01g.1 add1000, 000 iii		City or Town		ZIP Code	PMB no.
Part II	I Signature						_		
	<u> </u>								
	Daytii	me telephone number	r of person to cont	tact (optional) ▶ (_	)				
Please	1								
Sign					[]	<b>)</b>			
Here	₹ You	ır signature		Date	'ו	If Part II completed, signatu	re of owne	r, officer, or repres	sentative Date
<b>nere</b> see instru	ictions)			ı					
306 1113111	´ <b>.</b>				I	)			
	<b>7</b> If ic	int return, spouse's s	ignature	Date	1,	Title			

## For Privacy Act Notice (Individual), get form FTB 1131.

If joint return, spouse's signature

### **Purpose**

You may use this form if you change your home or business mailing address or your business location. This address change will also be used for any future correspondence. Generally, complete only one form FTB 3533 to change your home and business addresses. If this change also affects the mailing address for your children who filed separate tax returns, complete a separate form FTB 3533 for each child. If you are a representative filing for the taxpayer, attach a copy of your power of attorney to this form.

Note: You may also notify the FTB of a change of address by calling (800) 852-5711. If you have called the FTB and reported a change of address, you do not need to file this form.

## **Prior Name(s)**

If you or your spouse changed your name because of marriage, divorce, etc., complete line 3.

#### Addresses

Date

Be sure to include any apartment, room, or suite number.

#### PO Box

If your post office does not deliver mail to your street address, show your PO box number instead of your street address.

If you lease a private mailbox (PMB) from a private business rather than a PO box from the United States Postal Service, include the box number in the field labeled "PMB no." in the address area.

### **Foreign Address**

If your address is outside the United States or its possessions or territories, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Please do not abbreviate the country

## Signature

If you are completing Part II, the owner, officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who has a valid power of attorney to handle tax matters.

#### Where to File

Mail this form to:

FRANCHISE TAX BOARD PO BOX 942840 **SACRAMENTO CA 94240-0002** 

Note: If you moved after you filed your return and you are expecting a refund, also notify the post office serving your old address. This will help forward your check to your new address.